PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

4570-24051

TOTAL CLAIMS	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
RADDIT FOR NUMBER FILED NUMBER EXTRA SASIC FEE 750.00 RADDIT FEE TOTAL CHARGEABLE CLAIMS 20 minus 20 = 1	TOTAL CLAIMS			20					TE	FEE		RATE	FEE
NDEPENDENT CLAIMS 2.º minus 3 = * 7	FOR					NUMBER EXTRA		BAS	C FEE	375.00	OR	BASIC FEE	750.00
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AMENDED - PART II (Column 1) (Column 2) (Column 3) * GLAIMS AMENDED - PART II (Column 1) (Column 2) (Column 3) * FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * Independent * Minus *** =	TOTAL CHARGEABLE CLAIMS			⊋v minus 20≔		* 2		X	6 9=		OR	X\$18=	
* If the difference in column 1 is less than zero, enter '0' in column 2 * If the difference in column 1 is less than zero, enter '0' in column 2 * If the difference in column 1 is less than zero, enter '0' in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS HIGHEST PRESENT PREVIOUSLY PAID FOR * If the difference in column 1 is less than zero, enter '0' in column 2 * TOTAL	INDEPENDENT CLAIMS			2′ minus 3 =		* 1		X	12=		OR	X84=	> 4
TOTAL OR TOTAL OTHER THAN SMALL ENTITY OR SMALL ENTITY O	MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+140=			i I	+280=	
Column 1	* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO	TAL		1	TOTAL	
CLAIMS REMAINING RATE RATE TIONAL RELEVANCE REMAINING REMAINING REMAINING RATE RATE TIONAL RELEVANCE RELEVANCE REMAINING REMAINING REMAINING REMAINING REMAINING REMAINING RATE RATE TIONAL RELEVANCE	CLAIMS AS AMENDED - PART II										ı	OTHER	THAN
REMAINING		and the second of the second o		■ March Annual March (Alba Carlotte March (Alba Ca			(Column 3)	SM	ALL	ENTITY	OR	SMALL	ENTITY
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMENDMENT A		REMAINING AFTER		NUM PREVIO	BER DUSLY		R/	ATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			*	Minus	**		=	X\$	9=		OR	X\$18=	
+140		•				F.CL AINA	=	X	12=		OR	X84=	
Column 1 Column 2 Column 3	L	FIRST FRESE	INTATION OF W	JETTPLE DEP	ENDEN	CLAIM		+1-	40=		OR	+280=	
Column 1) Column 2) Column 3 CLAIMS FEMAINING AFTER PREVIOUSLY PAID FOR FEE FEE FEE FEE											OR		
CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus *** = Independent * Minus *** =			(Column 1)		(Colui	mn 2)	(Column 3)	ADDI	I. FEE			ADDII. FEET	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=	AMENDMENT B	*	REMAINING AFTER		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT	RA	TE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=		Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
+140 =		·	<u> </u>	1	t	T CL AINA	=	X4	2=		OR	X84=	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADD		I INST PALSE	NIAHON OF MI	DETIFIC DEF	ENDEN	CLAIIVI		+1	40=		OR	+280=	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." Column 3											OR		
REMAINING AFTER AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total * Minus *** =		_					(Column 3)						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR +280= ** TOTAL OR ADDIT FEE	NDMENT C		REMAINING AFTER		NUM PREVI	BER OUSLY		RA	TE	TIONAL		RATE	TIONAL
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR +280= ** TOTAL OR ADDIT FEE		Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR +280= ** TOTAL OR ADDIT FEE	\ME	Independent	*	Minus	***		=	X4	2=			X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE	Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM					OH		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE	*	f the entry in colu	mn 1 is less than t	ne entry in colu	mn 2 write	e "O" in co	lumn 3				OR		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1	**	If the "Highest Nu If the "Highest Nu	mber Previously P mber Previously P	aid For" IN THI aid For" IN THI	S SPACE I S SPACE	is less tha	ın 20, enter "20." ın 3, enter "3."	ADDIT	. FEE		l	ADDIT. FEE	L